

# L05000036649

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 JUL 19 AM 9:14

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--	--

**DOCUMENT #** L05000036649

1. Limited Liability Company's Name

Dosh Properties, LLC

06

RK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1204 James St.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Syracuse, NY		City & State	
Zip 13203	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida April 14, 2005	
6. FEI Number 20-2726777	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Instructions for details</small>	

8. Name and Address of Current Registered Agent	
Name Incorporating Services, Ltd.	
Street Address (P.O. Box Number is Not Acceptable) 1540 Glenway Drive	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
Zip Code 32301	

E-mail Address: 600210159656 07/20/11--01001--009 **932.0 radiv@incserv.com (To be used for future annual report notices)
---

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Melissa A. [Signature] Date 7/19/2011  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Shari Phillips	1204 James St.	Syracuse, NY 13203
MGRM	Douglas Phillips	1204 James St.	Syracuse, NY 13203
<b>REINSTATEMENT 2006-2011</b>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

Signature of Managing Member/Manager [Signature] Date 7/19/2011 Daytime Phone # 315-422-7608  
Typed or printed name of signing Managing Member/Manager Shari D. Phillips